



CALIFORNIA INSTITUTE OF TECHNOLOGY

Prescription Safety Glasses Program Supervisor's Authorization Form

All requests for prescription safety glasses must be approved by the requestor's supervisor before an order for the prescription safety glasses is placed. Once this completed form is received by the Primary Processor¹ an email authorization will be sent to the requestor, requestor's supervisor, and the contracted optometrist.

The Primary Processor will charge back the cost for the prescription safety glasses to the requestor's department. ***A valid campus PTA must be provided before an authorization form will be processed.***

Please note: Requestor must have a current (within the past 18 months) eyeglass prescription. Anything beyond that date OR a condition that requires monitoring will need a more current Rx.

- COMPLETE ALL FIELDS BELOW -

Requestor's Full Name	
Requestor's UID	
Department	
Mail Code	
Phone Number	
Supervisor's Full Name	
PTA	

I hereby authorize the purchase of prescription safety glasses with permanent, non-removable side shields or wrap-around designs for the individual listed above. This authorization includes:

- Standard Safety Glasses
- Progressive Lenses (Bi-Focal)
- Transition Lenses
- Anti-Reflection Coating
- Limit total cost (not to exceed) \$ _____

Supervisor's Signature

Date Signed

¹ Primary Processors: EH&S MC B125-6 ▪ safety@caltech.edu ▪ Joe Drew MC 164-30 ▪ jdrew@caltech.edu ▪ Caltech [PPE](#) Guidance